

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 385490

Entity Name: AMERICORP, INC.

FILED  
Mar 14, 2011  
Secretary of State

**Current Principal Place of Business:**

818 A1A N.  
#300  
PONTE VEDRA BCH, FL 32082 US

**New Principal Place of Business:**

**Current Mailing Address:**

818 A1A N.  
#300  
PONTE VEDRA BCH, FL 32082 US

**New Mailing Address:**

FEI Number: 59-1350729      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HORNE, KAROL D  
818 A1A NORTH  
300  
PONTE VEDRA BEACH, FL 32082 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HORNE, DONIS P  
Address: 818 A1A N., STE #300  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VD  
Name: HORNE ELLIOTT S  
Address: 818 A1A N., STE #300  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: S  
Name: HORNE, KAROL D  
Address: 818 A1A N. STE #300  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: T  
Name: HORNE, KAROL D  
Address: 818 A1A N. STE #300  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DONIS HORNE

PD

03/14/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date